

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **09/380519** FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		②	/			
4		①		/		
5		①		①		
6		①		①		
7		①		①		
8		/		①		
9		/		①		
10		②	/			
11		①		/		
12		①		①		
13		①		①		
14		①		①		
15	/			①		
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50						
TOTAL IND.	4		6			
TOTAL DEP.	15		15			
TOTAL CLAIMS	19		21			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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**BEST AVAILABLE COPY**